



Division of Licensing and Protection

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Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

May 27, 2016

Ms. Sharon Sylvester, Administrator
Blue Spruce Home For The Retired
70 Birch Street
Bradford, VT 05033-9027

Dear Ms. Sylvester:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 25, 2016**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in black ink that reads "Pamela M. Cota, RN".

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

MAY 25 2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0194	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/25/2016	
NAME OF PROVIDER OR SUPPLIER BLUE SPRUCE HOME FOR THE RETIRED		STREET ADDRESS, CITY, STATE, ZIP CDDE 70 BIRCH STREET BRADFORD, VT 05033		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced onsite re-licensing survey was conducted by the Division of Licensing and Protection on 4/25/16. The following are regulatory violations.	R100		
R144 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.9.c.(1) Complete an assessment of the resident in accordance with section 5.7; This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to ensure that the Registered Nurse completed an assessment for residents requiring nursing overview and administration of medications for 3 of 3 residents (Resident #1, #2, #3). Findings include: 1. Resident #1 was admitted to the home on 3/10/16, and has medications administered by delegated unlicensed staff. Although the Resident Assessment was filled out by 3/15/16, the only signature on the form was the home's owner, and no evidence that the nurse had overseen the assessment or signed it. 2. Resident #2 was admitted on 1/19/16, and has medications administered by delegated unlicensed staff. The initial Resident Assessment was completed by the owner of the home, and showed no evidence of nursing involvement in the assessment and no RN signature. 3. Resident #3 was admitted in September of	R144	See attached for all R61s DOC for R144 5/26/16 accepted. K Campuz RN	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

3CWY11

TITLE

(X6) DATE

5/20/2015

If continuation sheet 1 of 17

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R144	Continued From page 1 2014, and has medications administered by delegated unlicensed staff. The initial assessment was completed and signed by the prior RN of the home. The reassessment, due 9/18/15, was only partially completed by the home's owner, was a week late, and had not been reviewed or signed by the RN who is currently responsible. Per interview on 4/25/16 at 2:30 PM, the Registered Nurse of the home confirmed that the assessments had not been completed by the nurse, and were not completed in entirety, and not signed by the RN.	R144	<p><i>See attached</i></p> <p>5/26/16 R145 POC accepted K. Campos RN</p>	
R145 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to ensure that the Registered Nurse oversaw development of a written plan of care that is based on the abilities and needs of each resident that describes the the care and services to be provided for 2 of 3 residents reviewed (Resident #1, #2). Findings include: 1. Resident #1 was admitted to the home on 3/10/16, and they have conditions that require	R145		

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R145	Continued From page 2 nursing oversight as well as medication administration by unlicensed staff. Per review of the record, there was no plan of care available. The Home's Manager stated that it had not been completed. 2. Resident #2 was admitted on 1/19/16, and they have conditions that require nursing oversight as well as medication administration by unlicensed staff. Per review of the record, there was no plan of care available. The Home's Manager stated that this plan of care had also not been completed. Per interview on 4/25/16 at 2:30 PM, the Registered Nurse of the home confirmed that these two residents did not have a written care plan developed since their admissions.	R145		
R160 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.a Each residential care home must have written policies and procedures describing the home's medication management practices. The policies must cover at least the following: (1) Level III homes must provide medication management under the supervision of a licensed nurse. Level IV homes must determine whether the home is capable of and willing to provide assistance with medications and/or administration of medications as provided under these regulations. Residents must be fully informed of the home's policy prior to admission. (2) Who provides the professional nursing delegation if the home administers medications to	R160	<i>See attached</i>	

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R160	Continued From page 3 residents unable to self-administer and how the process of delegation is to be carried out in the home. (3) Qualifications of the staff who will be managing medications or administering medications and the home's process for nursing supervision of the staff. (4) How medications shall be obtained for residents including choices of pharmacies. (5) Procedures for documentation of medication administration. (6) Procedures for disposing of outdated or unused medication, including designation of a person or persons with responsibility for disposal. (7) Procedures for monitoring side effects of psychoactive medications. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to ensure that the Registered Nurse conducted assessments to determine potential medication side effects for 3 of 3 residents reviewed (Residents #1, #2, #3). Findings include: 1. Per record review of Resident #1, there was an order for an antipsychotic medication Quetiapine 300 mg. scheduled twice daily. This had increased on 4/20/16 from a dose of 200 mg. twice daily. There was also a PRN (as needed) order for 25 mg. in addition. There was no evidence that an assessment for side effects, specifically abnormal involuntary movements, was conducted by the Registered Nurse. 2. Per record review of Resident #2, there was an order from the MD on 2/23/16 for an antipsychotic medication Quetiapine 25 mg. 1-2 tabs scheduled daily at bedtime. There was also	R160	<i>See attached</i>	

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R160	Continued From page 4 a PRN (as needed) order for 25 mg. in addition for agitation. Also on 3/22/16, a morning scheduled dose of this antipsychotic had been added. There was no evidence that an assessment for side effects, specifically abnormal involuntary movements, was conducted by the Registered Nurse. 3. Per review of Resident #3, there was an order for an antipsychotic medication Quetiapine 100 mg. at bedtime, and Quetiapine 50 mg. scheduled twice daily at 8 AM and 2 PM. There was no evidence in the record that an assessment for side effects, specifically abnormal involuntary movements, was conducted by the Registered Nurse. Per interview on 4/25/16 at 2:30 PM, the Registered Nurse of the home confirmed that there were no assessments completed for the potential side effects of the antipsychotic medications for these three residents.	R160	<i>See attached</i>	
R164 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (2) A registered nurse must delegate the responsibility for the administration of specific medications to designated staff for designated residents This REQUIREMENT is not met as evidenced by:	R164		

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R164	Continued From page 5 Based on record review and staff interview, the home failed to ensure that the Registered Nurse delegated the responsibility for the administration of specific medications to designated staff for designated residents. Findings include: Per review of the training of staff for medication delegation, all the staff had been delegated by the previous RN of the home. There was no evidence that the current RN had re-delegated the staff to administer medications. Per interview on 4/25/16 at 2:50 PM, the Registered Nurse confirmed that s/he had worked with the staff regarding medication administration, but was not aware that they needed to be delegated by the new nurse, and it had not been done.	R164	<i>See attached</i>	
R167 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (5) Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use. This REQUIREMENT is not met as evidenced	R167		

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R167	Continued From page 6 by: Based on record review and staff interview, the home failed to ensure that the Registered nurse developed a written plan for delegated unlicensed staff for the use of PRN psychoactive medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use for 2 of 3 residents sampled (Residents #1, #2). Findings include: 1. Per record review of Resident #1, there was an order for an antipsychotic medication Quetiapine 150 mg. scheduled twice daily. There was also a PRN (as needed) order for 25 mg. in addition. The physician's order was written as Quetiapine 25 mg., One tab by mouth as needed. There was no reason to administer given in the order, and there was no written plan to guide staff in the appropriate use of this as needed antipsychotic medication. 2. Per record review of Resident #2, there was an order from the MD on 2/23/16 for an antipsychotic medication Quetiapine 25 mg. 1-2 tabs scheduled daily at bedtime for sleep. There was also a PRN (as needed) order for 25 mg. in addition for agitation. Also on 3/22/16, a morning scheduled dose 25 mg. of this antipsychotic had been added. There was no written plan to guide staff in the appropriate use of this as needed dose of the antipsychotic medication, and there was a dosage range in the scheduled bedtime dose that did not have any guidance for staff in choosing which dose to administer.	R167	<i>See attached</i>	

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R167	Continued From page 7 Per interview on 4/25/16 at 2:30 PM, the Registered Nurse confirmed that there were no written plans for staff to follow when considering the need for PRN antipsychotic medications for these two residents, and confirmed the dosage range and incomplete MD order as well.	R167		
R172	V. RESIDENT CARE AND HOME SERVICES SS=D 5.10 Medication Management 5.10.h All medicines and chemicals used in the home must be labeled in accordance with currently accepted professional standards of practice. Medication shall be used only for the resident identified on the pharmacy label. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the home failed to ensure that all medicines used in the home were labeled in accordance with currently accepted professional standards of practice. Findings include: Per observation during the noon medication administration, Resident #1 received Insulin. Per observation of the two Insulin pens prescribed, neither of the pens currently in for this resident were labeled with the date they had first been opened. Per interview on 4/25/16 at 12:10 PM, the home Manager confirmed that the Insulin pens were not labeled with the date they were first used.	R172	<i>See attached</i>	
R173	V. RESIDENT CARE AND HOME SERVICES SS=D	R173		

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R173	Continued From page 8	R173	<p>5.10 Medication Management</p> <p>5.10.h.</p> <p>(1) Resident medications that the home manages must be stored in locked compartments under proper temperature controls. Only authorized personnel shall have access to the keys</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the home failed to ensure that resident medications that the home manages were stored under proper temperature controls. Findings include: Per observation of the medication storage refrigerator, there was no thermometer present in the unit. The refrigerator contained insulin pens and suppositories. There was no log available to show temperatures were being monitored. Per interview on 4/25/16 at 3:55 PM, the Home Manager confirmed that they do not keep a log of the medication refrigerator temps, that the thermometer was not present, and that it was not monitored on a regular basis.</p> <p><i>See attached</i></p>	
R179	V. RESIDENT CARE AND HOME SERVICES SS=D	R179	<p>5.11 Staff Services</p> <p>5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There</p>	

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R179	Continued From page 9 shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following: (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents.	R179	<i>See attached</i>	
<p>This REQUIREMENT is not met as evidenced by: Based on employee record review and staff interview, the home failed to ensure that staff training met the hours and subject matter required by the regulations for 5 of 5 employees reviewed. Findings include:</p> <p>Review of the staff education records showed that the education requirements were partially met through frequent staff meetings, handouts, and nurse inservices. The education was not documented in an organized manner to show the time content of the training, and a list for each employee that showed they had met the required time and subject content. There was no evidence for any of the employees that they had specific training in Abuse/Neglect/Exploitation and reporting requirements. Per interview on 4/25/16,</p>				

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R179	Continued From page 10 the Home Manager confirmed that the documentation was not organized in a manner to show the requirement was met, and confirmed that they had not had a specific training regarding abuse/neglect/exploitation for staff.	R179		
R180 SS=C	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.c All training to meet the requirements of 5.11.b shall be documented. Training in direct care skills by a home's nurse may meet this requirement, provided the nurse documents the content and amount of training This REQUIREMENT is not met as evidenced by: Based on employee record review and staff interview, the home failed to ensure that staff training was documented to show that they met the hours and subject matter required by the regulations for 5 of 5 employees reviewed. Findings include: Review of the staff education records showed that the education requirements were partially met through frequent staff meetings, handouts, and nurse inservices. The education was not documented in an organized manner to show the time content of the training, and a list for each employee that showed they had met the required time and subject content. Per interview on 4/25/16, the Home Manager confirmed that the documentation was not organized in a manner to show the requirement was met, and that not all applicable training that occurred was documented.	R180	<i>See Attached</i>	

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R181	V. RESIDENT CARE AND HOME SERVICES SS=D	R181	<p><i>See Attached</i></p>	
<p>5.11 Staff Services</p> <p>5.11.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision shall apply to the manager of the home as well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection in accordance with 33 V.S.A. §6911 to see if prospective employees are on the abuse registry or have a record of convictions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on employee record review and staff interview, the home failed to ensure that all required background checks were completed for 3 of 5 employees sampled. Findings include: Per employee background check review, all five employees had adult and child abuse registry checks on file with no concerns. Per review of the Vermont Criminal Information Center checks, there were three employees who did not have a criminal background check on file. Two of the employees were hired more recently, both in November of 2015. The home's manager</p>				

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R181	Continued From page 12 confirmed that the criminal background checks were not obtained for those two at the time of hire or since, and that the third employee hired in 2011 did not have a criminal background check on file although they were sure it had been done.	R181		
R188	V. RESIDENT CARE AND HOME SERVICES SS=B 5.12.b.(2) A record for each resident which includes: resident's name; emergency notification numbers; name, address and telephone number of any legal representative or, if there is none, the next of kin; physician's name, address and telephone number; instructions in case of resident's death; the resident's assessment(s); progress notes regarding any accident or incident and subsequent follow-up; list of allergies; a signed admission agreement; a recent photograph of the resident, unless the resident objects; a copy of the resident's advance directives, if any completed; and a copy of the document giving legal authority to another, if any.	R188	<i>See attached</i>	
<p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to ensure that the medical records contained a photograph of the resident for 2 of 3 residents sampled (Resident #1, #3). Findings include:</p> <p>Resident #1 did not have a photograph in the record. Resident #3 also did not have a photograph anywhere in the record. Per interview on 4/25/16 at 1:10 PM, the Home Manager</p>				

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R188	Continued From page 13 confirmed that these two residents did not have a photograph in the record, and that neither of them had refused to.	R188		
R189 SS=B	V. RESIDENT CARE AND HOME SERVICES 5.12.b. (3) For residents requiring nursing care, including nursing overview or medication management, the record shall also contain: initial assessment; annual reassessment; significant change assessment; physician's admission statement and current orders; staff progress notes including changes in the resident's condition and action taken; and reports of physician visits, signed telephone orders and treatment documentation; and resident plan of care.	R189	<i>See Attached</i>	

This REQUIREMENT is not met as evidenced by:

Based on record review and interview, the home failed to ensure that for residents requiring nursing care, including nursing overview or medication management, the medical record contained all the required assessments and plans of care for 3 of 3 residents sampled (Residents #1, #2, #3). Findings include:

1. Resident #1 did not have a plan of care developed since admission on 3/10/16, and the Resident Assessment was not completed or signed by the nurse.
2. Resident #2 also never had a written plan of care developed, and a Resident Assessment that was not signed by the nurse showing RN oversight.

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0194	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/25/2016
NAME OF PROVIDER OR SUPPLIER BLUE SPRUCE HOME FOR THE RETIRED		STREET ADDRESS, CITY, STATE, ZIP CODE 70 BIRCH STREET BRADFORD, VT 05033		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R189	Continued From page 14 3. Resident #3 had a plan of care in place developed by the former RN, however did not have a Resident Assessment that was signed by the RN. Per interview on 4/25/16 at 2:45 PM, the Registered Nurse of the home confirmed that the plans of care had not been written for Resident #1 and 2, and that they had not been involved in developing nor had reviewed and signed off on the Resident Assessments for all three of these residents.	R189	<i>See attached</i>	
R247	VII. NUTRITION AND FOOD SERVICES SS=F 7.2 Food Safety and Sanitation 7.2.b All perishable food and drink shall be labeled, dated and held at proper temperatures: (1) At or below 40 degrees Fahrenheit. (2) At or above 140 degrees Fahrenheit when served or heated prior to service. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the refrigerator temperatures were not being monitored to ensure perishable food was being stored at safe temperatures. Findings include: Per observation during the tour of the kitchen at 10:45 AM, the food refrigerator did not contain a thermometer. The staff stated that there is supposed to be one in there, however they were not able to locate it. Also the staff confirmed that they do not keep a log or regularly monitor the temperature of the food refrigerator.	R247		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0194	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/25/2016	
NAME OF PROVIDER OR SUPPLIER BLUE SPRUCE HOME FOR THE RETIRED		STREET ADDRESS, CITY, STATE, ZIP CODE 70 BIRCH STREET BRADFORD, VT 05033		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PRVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R266	IX. PHYSICAL PLANT SS=E	R266		
<p>9.1 Environment</p> <p>9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the home failed to ensure that cleaning products were secured in a locked area. Findings include:</p> <p>Per observation on 4/25/16 at 9:25 AM, during the tour of the facility, there was a closet near resident rooms that was unlocked and contained cleaning products, soaps, and other items that could be a hazard if accessed by residents. Per interview at the time of this observation, the Home Manager confirmed that the closet was in a resident area, was unlocked, and contained potentially hazardous products.</p> <p><i>See Attached</i></p>				
R302	IX. PHYSICAL PLANT SS=D	R302		
<p>9.11 Disaster and Emergency Preparedness</p> <p>9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the</p>				

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0194	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/25/2016
NAME OF PROVIDER OR SUPPLIER BLUE SPRUCE HOME FOR THE RETIRED		STREET ADDRESS, CITY, STATE, ZIP CODE 70 BIRCH STREET BRADFORD, VT 05033		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R302	Continued From page 16 names of participating staff members shall be documented.	R302		
	This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to ensure that night fire drills were conducted. Findings include: Per review of the fire drill log for the last year, the home was conducting drills every month that varied between morning and evening shifts. There was no record of drills being conducted at night when residents are in bed. Per interview on 4/25/16 at 3:15 PM, the home's owner stated that they have not conducted any drills at night as required.		<i>See attached</i>	

Plan of Correction from Re-Licensing survey 4/25/2016

R144 Resident Care & Home Service

5.9c (1)

Residents #1, #2, & #3 assessments were not reviewed and signed by RN. They were only done by homeowner. We will make sure that all new assessments and re-assessment will be done by owner/manager and reviewed and sign by RN. A list will be made with dates that all re-assessments need to be done by. The RN has reviewed updated and sign all assessments that needed to be done. The POC was completed on 4/27/2016

R145 Resident Care & Home Service

5.9c (2)

On Resident #1 & #2 there were no care plans in place. The owner/manager will make sure that all care plan are done and reviewed by RN. On newly admitted residents the care plan will be written, reviewed and sign by the RN within a week of being admitted. The two residents care plans that were not done, have been written and signed by the RN. The POC was completed on 4/27/2016

R160 Resident Care & Home Service

5.10 Medication Management

1. On, Resident #1, the RN had NOT been monitoring side effects. The RN will be monitoring the side effects and if there are any involuntary movements from the prescription that the resident is taking, this will be done at each and every home visit. The RN will then teach all staff members what to look for when administering the medication. The RN will come up with a written plan and it will be posted in the residents medication chart. This POC was completed on 5/5/2016
2. On Resident #2, the physician had written an order for 1-2 tabs at bedtime and a PRN dose as needed. The MD's office was contacted to correct the nighttime dose, in which it was corrected at the home visit (4/26/2016) to 2 tabs at bedtime. The RN has come up with a written plan for staff to know when the PRN dose is needed. The RN trained all staff involved with administering medication. The plan is the posted the residents

medication chart. The RN will also monitor the resident for any side effect or involuntary movement at each and every home visit. The POC was completed 5/5/2016

3. On Resident #3, the RN had done no assessment on side effect or involuntary movements from the prescription. The RN will document any side effects on each and every home visit. The RN will also train staff to know what to look for. A side effect sheet is posted in residents medication chart. The POC was completed on 5/5/2016

R164 Resident Care & Home Services

5.10 Medication Management

All staff has medication training by previous RN. None have been re-certify by new RN. The RN will train and do medication certification on all staff members. The RN came in and watched all staff members administer medication. The RN signed off on new certification sheets for all employees. The POC was completed on 4/27/2016

R167 Resident Care and Home Services

5.10 Medication Management

1. Resident #1 has a PRN order for an antipsychotic medication. There is now written plan to tell staff when it is needed. The residents MD was contacted for an order to why the PRN would be used. The RN will write up a plan for when the PRN will be administered. The written plan will be placed in the residents medication chart for all staff to see. The RN will educate all staff involved in administering the PRN medication. The POC was completed on 4/27/2016
2. Resident #2 has a bedtime order, PRN order and a morning order for an antipsychotic medication. The order for bedtime was a range of 1-2 tabs, the MD's office was contacted to clarify the order. The MD clarified on the home visit (4/26/2016). They kept the morning dose the same. The MD wrote up an order for us to clarify when we should use the PRN dose. The RN wrote up a plan and post in residents medication chart so that staff will be clear when to administer. The POC was completed on 4/27/2016

R172 Resident Care and Home Services

5.10 Medication Management

Resident #1 receives insulin injection three times a day. The insulin was not dated to when it was opened and needed to be discarded. The medication has since been labeled with the open date and the discard date. The POC completed on 4/27/2016

R173 Resident Care and Home Services

5.10 Medication Management

All medications are locked up in medication cabinets. The staff member in charge of medications carries and keeps keys on them through the whole day. The medication refrigerator did not have a thermometer in it. A thermometer has been installed and a flow sheet was developed to track temps monthly. The temps will be record and logged.

The POC completed on 4/27/2016

R179 Resident Care and Home Services

5.11 Staff Services

All staff members are involved in monthly staff meetings and fire drills, which are logged on flow sheets. The staff meetings and staff in-service training logs have been combined into one book. Each employee had their own section in the book, were we will keep track of all education. Spoke with the RN about doing monthly education, we will start making sure all employees receive 12 hours a year and touch on all subjects. We started at May's staff meeting. The POC was completed on 5/11/2016

R180 Resident Care and Home Services

5.11 Staff Services

As stated above all staff training logs are in one book. Every employee had their own section with flow sheet to log dates of training and how long training was. Having the in-service and staff meeting logs in one book, it will ensure that all education is logged and organized.

The POC was completed on 5/11/2016

R181 Resident Care and Home Services

5.11 Staff Services

All staff has an adult and child abuse check done them. All criminal checks are also done. Two past employees criminal checks were missing and one current employees check was missing. A new criminal check was on done the current employee with VCIC. A new hire checklist has been developed to ensure that all check are done at the time of hire

The POC was completed on 5/16/2016

R188 Resident Care and Home Services

5.12 b. (2)

Residents #1 & #2 did not have pictures in the front of their book. Pictures have been taken and place in the front of residents books to identify them.

The POC completed on 4/28/2016

R189 Resident Care and Home Service

5.12 b. (3)

1. Resident #1 did not have a care plan developed & signed by the RN, the assessment also need to be signed. The care plan has been developed by owner/manager and reviewed and signed by RN. The assessment has been completed and updated, and also signed by RN on 4/27/2016.
2. Resident #2 did not have a care plan or the assessment was not signed off by the RN. The care plan has been developed, viewed, and signed by the RN. The assessment was also reviewed and signed by RN on 4/27/2016
3. Resident #3's care plan was in placed by former RN. It was updated, reviewed and signed by current RN. The assessment as well was done by former RN. The current RN reviewed and signed off on it on 4/27/2016

All care plans and assessment have been done or updated and signed by current RN. A list of all assessments has been made so when they need to be redone the RN is aware and can update.

The POC was completed 4/27/2016

R247 Nutrition and Food Services

7.2 Food Safety and Sanitation

There was no thermometer in the refrigerator. The refrigerator is required to have a thermometer in it at all times and temps need to be logged. A thermometer was installed and a flow sheet was made. The temps will be logged on the flow sheet monthly.

The POC was completed 4/28/2016

R266 Physical Plant

9.1 Environment

The cleaning closet in the hallway, where all cleaning supplies are kept did not have locked on the door. A new door knob has been installed and it is kept locked at all times for the safety of all residents.

The POC was completed on 4/29/2016

R302 Physical Plant

9.11 Disaster Plan and Emergency Preparedness

All fire drills are done and logged monthly. They are all done at different times of the day and on different shifts with different employees. There have been no night time fire drills done or logged. A night time fire drill was run with the owners on 4/30/2016 at 10:00pm while all residents were in bed. The drill was a success. There will be more nightly drills done with the owner while residents are in bed. The POC was completed 4/30/216